



REQUEST **FOR** CONTINUED EXAMINATION (RCE) **TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/702,442
Filing Date*	November 7, 2003
First Named Inventor	Kon-Tsu KIN
Group Art Unit	1765
Examiner Name	K.C. Chen
Attorney Docket No.	KINK3004/REF

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

 a. The Amendment/Reply filed on (date): b. The Information Disclosure Statement (IDS) filed on (date): c. The arguments in the Brief/Reply Brief filed on (date): d. The page(s) of Form PTO-1449 and copy of each listed document filed (date): e. Other: 2. A One month Petition for Extension of Time is filed herewith. 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. 4. A check in the amount of \$ 910.00 is submitted herewith. 5. This Request is transmitted by facsimile to number (703) 	1. Please consider the following as the required submission under 37 C.F.R. §1.114:											
 □ c. The arguments in the Brief/Reply Brief filed on (date): □ d. The page(s) of Form PTO-1449 and copy of each listed document filed (date): □ e. Other: ② 2. A One month Petition for Extension of Time is filed herewith. ☑ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. ☑ 4. A check in the amount of \$ 910.00 is submitted herewith. 	⊠ a.	a. The Amendment/Reply filed on (date):										
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□ 6. Other:												
THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$790.00	\$790.00											
Total Claims: 7 - 20 (highest number previously paid for) = X \$50 =	Total C	Claims: 7	T - 1	20	(highest number previously paid for) =			-	X \$50 =			
Independent Claims: 1 - 3 (highest number previously paid for) = X \$200 =	ndependent (Claims: 1	1-	3	(highest number previously paid for) =				X \$200 =			
Correspondence Address: Multiple Dependent Claim (add \$360.00):	Correspondence Address: Multiple Dependent Claim (add \$360.00):											
	23364 Customer Number				Subtotal: \$790			\$790.00				
Customer Number 50% Reduction if Small Entity Status:						50% R						
Phone: 703-683-0500 Fax: 703-683-1080 Total: \$790.06	Phone: 703-683-0500 Fax: 703-683-1080				Total: \$790.0			\$790.00				
Date: Name: Signature: Reg. No.	Date:			Name:			Signature:			Reg. No.		
April 10, 2006 Scott A. Brairton St. 55,020	April 10, 2006			Scott A. Brairton			SHISWI			55,020		

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(09Dec04)

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